

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566566

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
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17		(1)				
18		(1)				
19		(1)				
20		(1)				
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22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42	1					
43		1				
44		2				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49		(1)				
50		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59		(1)				
60		(1)				
61	1	(1)				
62		(1)				
63		(1)				
64		(1)				
65		(1)				
66		(1)				
67		(1)				
68		(1)				
69		(1)				
70		(1)				
71		(1)				
72		(1)				
73		(1)				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78		(1)				
79						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	79	←		←		←
TOTAL CLAIMS	81					